

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34148

1. PLACE OF DEATH
County Randolph Registration District No. 735
Township Moberly mo. Primary Registration District No. 30.94
City Moberly mo. (No. 971-3 St. W. Carter Ward. 9)
2. FULL NAME Eugene S. Williams
(a) Residence, No. 971-3 (Usual place of abode) St. W. Carter Ward. 9
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jan 16 1933
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16 1933
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
9 9 9 9 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Moberly mo
(STATE OR COUNTRY)

13. NAME Edgar Williams

14. BIRTHPLACE (CITY OR TOWN) mo.
(STATE OR COUNTRY)

15. MAIDEN NAME Ruth Cooper

16. BIRTHPLACE (CITY OR TOWN) mo
(STATE OR COUNTRY)

17. INFORMANT Ruth Williams
(ADDRESS) Moberly mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Moberly mo. DATE Nov 2 1933

19. UNDERTAKER Robert A. Carr
(ADDRESS) Moberly mo.

20. FILED 4/1 1933 Virginia Walker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 31 1933
22. I HEREBY CERTIFY, That I attended deceased from Oct. 30 1933 to Oct. 31 1933
I last saw him alive on Oct. 31 1933 Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia
10/31

Other contributory causes of importance:
10/31

Name of operation 10/31 Date of 10/31
What test confirmed diagnosis? 10/31 Was there an autopsy? 10/31

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 10/31 Date of injury 10/31
Where did injury occur? 10/31
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 10/31
Nature of injury 10/31

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify H. A. Longdon M. D.
(Signed) Moberly mo (Address)

